

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		12/02/99 1319159
O.I.P.E. CLASSIFIER	<i>AS</i>		12/02/99
FORMALITY REVIEW	<i>AS</i>	68971 68971	3/20/99 3/20/99

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
- (Through numeral) ...	Canceled	A .....	Appeal
-	Restricted	O .....	Objected

Claim	Date
Final Original	3 b 4 16 Mar 99
1	17 Nov 99
2	18 N N N
3	19 N N N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here